

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 12-4-01 through 1-24-02.
- b. The request was received on 5-16-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
No Response noted in the dispute packet.
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 6-19-02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
4. Notice of Additional Information Submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 5-15-02:
"The listed claims have been disputed by the insurance company for the reason of documentation does not support the level of billed service."
2. Respondent: No Response noted in dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 12-4-01 and extending through 1-24-02.

2. The Carrier has denied the disputed charges as reflected on the EOB as, “N11-Not Documented. Upon review, documentation as submitted does not support the level of service(s) billed”; “O – Upon review of your request for reconsideration, no additional benefits is recommended at this time.”

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
12-4-01	99203	\$90.00	\$-0-	N	\$74.00	MFG: Evaluation/Management Ground Rules; (IV) (C) (1); (VI) (A); CPT Descriptor	The Carrier has denied the disputed service as “N”. Documentation supports the code as billed. A detailed history and physical examination were obtained and performed. A plan of care was planned and expectations were discussed regarding a full recovery. Therefore, reimbursement is recommended in the amount of \$74.00.
12-4-01	72070 WP	\$70.00	\$-0-	N	\$56.00	MFG: Radiology/Nuclear Medicine Ground Rules; (I) (A); CPT Descriptor	The Carrier has denied the disputed service as “N”. CPT Code 72070 is defined as, “Radiologic examination, spine; thoracic, anteroposterior and lateral”. Documentation supports that an X-ray was taken of the Thoracic Spine on 12-4-01. Therefore, reimbursement is recommended in the amount of \$56.00.
12-05-01 12-06-01 12-07-01 12-10-01 12-11-01 12-12-01 12-13-01 12-17-01 12-18-01 12-19-01 12-20-01 12-24-01 01-02-02 01-03-02 01-07-02 01-08-02 01-09-02 01-10-02 01-14-02 01-15-02 01-16-02 01-17-02 01-21-02 01-22-02 01-23-02 01-24-02	99213 MP for all dates of service	\$40.00 for all dates of service	\$-0-	N for all dates of service	\$48.00	MFG: Evaluation/Management Ground Rules (VI) (B); TWCC Rule 133.307 (e) (1); CTP Descriptor and Modifier	The Carrier has denied the disputed service as “N”. Pursuant to Rule 133.307 (e) (1), “Each initial request shall be legible, include only a single copy of each document...”. Some of the documentation reviewed was illegible and unable to be deciphered by the reviewer. Of the documentation that was legible, none was noted to support that a manipulation was performed on any of the dates in dispute. Therefore, no reimbursement is recommended.
Totals		\$1,200.00	\$-0-				The Requestor is entitled to reimbursement in the amount of \$130.00

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$130.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 24th day of October 2002.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

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